

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 1 7 MA

2. STATE:

New Jersey

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 430.12(c)

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 4.43 million

b. FFY 2003 \$ 7.08 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1.B to Attachment 3.1A  
Page 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

Expansion of Care Management Organization Service Area

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Exempt pursuant to 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

James W. Smith, Jr.

14. TITLE:

Acting Commissioner

15. DATE SUBMITTED:

16. RETURN TO:

Division of Medical Assistance  
and Health Services  
P.O. Box 712  
Trenton, NJ 08625-0712

17. DATE RECEIVED:

DEC 21 2001

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:

JAN 22 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

FEB 01 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Sue Kelly

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State/Territory: New Jersey**

**CHILDREN'S SYSTEM OF CARE INITIATIVE/CARE MANAGEMENT  
ORGANIZATION SERVICES**

**A. Target Group:**

Care management organization services, provided through the Children's System of Care Initiative, are targeted to children up to 18 years of age and their families, as well as youth 18 up to 21 years of age transitioning to the adult system, who require a more intensive level of care management due to:

1. Severe emotional and behavioral disturbance resulting in significant functional impairment; or
2. The involvement of multiple agencies or systems such as the Division of Mental Health Services, the Division of Youth and Family Services, the Juvenile Justice System or the court system; or
3. A disruption of a current therapeutic placement; or
4. The risk of a psychiatric rehospitalization; or
5. The risk of placement outside the home or community, except for foster care placements if they do not meet any of the criteria in 1 through 4 above.

**B. Areas of State in which services will be provided:**

- ☐ Entire State
- ☒ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide):

Atlantic, Bergen, Burlington, Cape May, Hudson, Mercer, Middlesex, Monmouth, Sussex, Union and Warren counties.

01-17-MA (NJ)

Supersedes 01-01-MA (NJ)

TN 01-17 Approval Date JAN 22 2002

Supersedes TN 01-01 Effective Date FEB 01 2002